

Adult Specialized Recreation Program

Fall-Winter 2022-2023 Participant Registration Form

Wednesdays, September 21, 2022-April 26, 2023



REGISTRATION:

Par-te-Rec: AGES 18+ (WEDNESDAY)

Hobbs Ice Arena, 915 Menomone St. Eau Claire, WI 54703

- ☐ \$4.25 PTR Daily Registration (add me to the Par-te-Rec List, I will pay at the door) FSPPR-101HB
- ☐ \$80.75 Season Pass Registration (full payment enclosed) FSPPR-102HB
- ☐ \$20.00 Holiday Party Registration, Wednesday, December 7th (Non-Refundable after payment) FSPPR-103HB
- ☐ FREE Clearwater Winter Parade Registration, Friday, December 2nd (Wear warm clothes, boots, hat & mittens) FSPPR-2022CW

PARTICIPANT INFORMATION: All information is confidential.

Please print clearly.

Please note: We do not administer medication during program hours. Please plan accordingly.

First Name: _____ Last Name: _____

Participant Telephone # _____ Group Home (if applicable): _____

Date of Birth: _____ Age: _____ Male or Female (circle one)

Participant Address: _____ City: _____ State: _____ Zip: _____

E-mail Address (*required, please print clearly*): _____

Does the participant live within Eau Claire city limits? Yes No

Disability, related medical conditions, allergies, diabetes (please be specific such as type of seizure and warning signs): _____

_____ Independent Toilet Skills: Yes No

Can be moved from wheelchair for transportation (if applicable): Yes No N/A

Behavioral Considerations: Describe behavioral concerns/issues: _____

Please list calming or de-escalating activities that work best for the participant: _____

Participant's Favorite Food: _____ Participant's Favorite Movie: _____

PARENT/CUSTODIAN INFORMATION:

Parent/Custodian Name: _____ Telephone (H/Cell): _____ (W): _____

Address: _____ City: _____ State: _____ Zip: _____

E-mail Address (*required, please print clearly*): _____

Emergency Contact: _____ Telephone: _____

I understand participation in Parks and Recreation programs involves an element of risk or danger for all participants and may cause serious injury, death, or property loss. I agree to assume these risks for my family and release the City of Eau Claire, its employees, and other participants from any liability for injuries and damages sustained while participating in these programs. I understand a physician's approval is encouraged prior to participation.

Participant/Caregiver Signature _____ **Date** _____

PLEASE RETURN TO:

Eau Claire Parks & Recreation
915 Menomone Street
Eau Claire, WI 54703
Fax: (715) 839-1685
Register Online: <http://activenet.active.com/EauClaire/>

For Office Use Only

Receipt # _____

Initials _____ Date: _____

☐ Cash ☐ Check ☐ American Express ☐ Discover ☐ Master Card ☐ Visa

Credit Card #: _____ Exp: _____ Billing Zip Code: _____